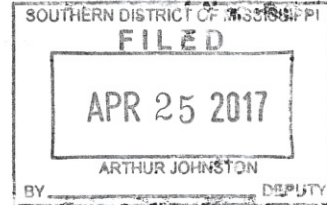


FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1983
**IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF MISSISSIPPI**

COMPLAINT

Hampton
(Last Name) (Identification Number)
Jarvis
(First Name) (Middle Name)
Lauderdale County Det. Fac
(Institution)
2001 5th Street Meridian, MS 39301
(Address)
(Enter above the full name of the plaintiff, prisoner and address
of plaintiff in this action)



V.

CIVIL ACTION NUMBER: 3:17cv 300-CWP-FKB
(to be completed by the Court)

Billie Sollie

(Enter the full name of the defendant(s) in this action)

GENERAL INFORMATION

- A. At the time of the incident complained of in this complaint, were you incarcerated?
Yes (☒) No (☐)
- B. Are you presently incarcerated?
Yes (☒) No (☐)
- C. At the time of the incident complained of in this complaint, were you incarcerated because you had been convicted of a crime?
Yes (☐) No (☒)
- D. Are you presently incarcerated for a parole or probation violation?
Yes (☐) No (☒)
- E. At the time of the incident complained of in this complaint, were you an inmate of the Mississippi Department of Corrections (MDOC)?
Yes (☐) No (☒)
- F. Are you currently an inmate of the Mississippi Department of Corrections (MDOC)?
Yes (☐) No (☒)

PARTIES

(In item I below, place your name and prisoner number in the first blank and place your present address in the second blank.)

I. Name of plaintiff: Jarvis Hampton Prisoner Number: _____

Address: Lauderdale County Detention Facility
2001 5th Street

(In item II below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use the space below item II for the names, positions and places of employment of any additional defendants.)

II. Defendant: Billie Sollie is employed as County
Sheriff at Lauderdale County Detention Facility

The plaintiff is responsible for providing his/her address and in the event of a change of address, the new address of plaintiff as well as the name(s) and address(es) of each defendant(s). Therefore, the plaintiff is required to complete the portion below:

PLAINTIFF:

NAME: Jarvis Hampton ADDRESS: 2001 5th Street Meridian, MS 39301

DEFENDANT(S):

NAME: Billie Sollie ADDRESS: 2001 5th Street Meridian, MS 39301

OTHER LAWSUITS FILED BY PLAINTIFF

NOTICE AND WARNING

The plaintiff must fully complete the following questions. Failure to do so may result in your case being dismissed.

- A. Have you ever filed any lawsuits in a court of the United States? Yes (~~1~~) No (✓) ^{N/A}
- B. If your answer to A is yes, complete the following information for each and every civil action and appeal filed by you. (If there is more than one action, complete the following information for the additional actions on the reverse of this page or additional sheets of paper.)

CASE NUMBER 1.

1. Parties to the action: _____

2. Court (if federal court, name the district; if state court, name the county): _____

3. Docket Number: _____
4. Name of judge to whom case was assigned: _____
5. Disposition (for example: was the case dismissed? If so, what grounds? Was it appealed? Is it still pending?) _____

CASE NUMBER 2.

1. Parties to the action: _____

2. Court (if federal court, name the district; if state court, name the county): _____

3. Docket Number: _____
4. Name of judge to whom case was assigned: _____
5. Disposition (for example: was the case dismissed? If so, what grounds? Was it appealed? Is it still pending?) _____

STATEMENT OF CLAIM

- III. State here as briefly as possible the facts of your case. Describe how each defendant is involved. Also, include the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of different claims, number and set forth each claim in a separate paragraph. (Use as much space as you need; attach extra sheet(s) if necessary).

I Jarvis Hampton has been incarcerated at
Lauderdale County Det. Facility for 14 months. ① I have
wrote several reports about my living condition.
② Billie Solie still has not yet to answer. ③ My toilet
and sink doesn't work at all period. ④ When
my food trays are deliver to me they are
not washed and are covered with mold. I
have had reported these problem several times.

RELIEF

- IV. State what relief you seek from the court. Make no legal arguments. Cite no cases or statutes.

I would be very thankful for a bond
reduction.

Signed this 21 day of April, 20 17.

I declare (or certify, verify or state) under penalty of perjury that the foregoing is true
and correct.

Jarvis Hampton
Signature of plaintiff

Statement of Claim

I Jarvis Hampton has been in Lauderdale County Det. Facility incarcerated on pre-trial detainee for 14 months. My living conditions are not stable here at Lauderdale County Det Facility.

1. My sink is broken ~~at~~ and don't work at all.
2. My toilet is broken and don't work at all.
3. Inside my cell # 121 paint is peeling at the walls are covered in mold.
4. I have rust all over my shower floor.
5. My toilet has rust for over some time that it's loose.
6. I have sent several Inmate Grievance's report.
7. about my living conditions and nothing has been fixed.
7. My ~~trays~~ food trays are sometimes covered in mold.
8. ~~My~~ My cell door is broken and has been broken over a year now and it's a safety hazard.

This is a statement of claim. And these conditions are still the same and there are hundreds of inmates that are complaining about these conditions. I would very thankful if someone could help me in these matters.

Thank you

Respectfully Submitted
Jarvis Hampton